

<b>REVOCATION OF POWER OF                  ATTORNEY WITH                  NEW POWER OF ATTORNEY                  AND                  CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/763,976
	Filing Date	01/23/2004
	First Named Inventor	Jerome S. Harms
	Art Unit	1636
	Examiner Name	David Guzo
	Attorney Docket Number	960296.00463

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27114

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
 Customer Number:

27114

OR

☐ Firm or  
☐ Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Gary A. Splitter*

Name

Gary A. Splitter

Date

March 27, 2007

Telephone (608) 262-1837

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature

Name

Jerome S. Harms

Date

03/23/07

Telephone

608-262-0359

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Kurt A. Eakle

Date

3/12/07

Telephone 608-643-8151

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☒ \*Total of 4 forms are submitted.

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Signature

Name

Robert D. Bremel

Date

3-12-07

Telephone 608-986-3406

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